KANSAS MENTAL HEALTH COALITION

.....Speaking with one voice to meet the critical needs of people with mental illness

Ensure Access to Psychiatric Residential Treatment Services (PRTF) for Youth

Statement/Position: The Coalition supports expanding PRTF access for youth in Kansas, by increasing bed capacity, ensuring adequate bed availability, eliminating waitlists for admission, increasing provider rates, reducing administrative hurdles to authorization and re-authorization, and ensuring appropriate discharge planning with advance notice to PRTFs and caregivers.

The Problem: PRTFs provide residential behavioral health services to children and youth who, due to mental illness, substance abuse, or severe emotional disturbance, are in need of treatment and all other resources available in the community have been identified and determined to not meet the treatment needs of the youth. However, since 2011, access to PRTF for Kansas youth with chronic and severe behavioral health challenges has been severely cut. Approximately 500 beds have been eliminated, there are waitlists of up to 6 months for admission, youth may not have adequate length of stay to receive the full benefit of treatment, and youth are discharged suddenly without necessary time for transition planning. Children on the PRTF waitlist are, by definition, in unsafe situations in placements that cannot meet their mental health treatment needs. There are approximately 140 children on the PRTF waitlist.

There are approximately 140 children on a waitlist for PRFT services.

Why this matters: Kansas youth with chronic behavioral health conditions who need PRTF services are unable to access appropriate and necessary services. Multiple state-wide task forces have reached consensus that lack of timely admission and appropriate treatment at PRTFs is a critical gap in the continuum of mental health care services in Kansas. Children are unable to live with stability in family and family-like settings, face multiple admissions to acute hospitals and PRTF, and may experience juvenile offender system involvement when unable to receive necessary PRTF services. These consequences compound the behavioral health challenges that PRTF services were designed to address, to the detriment of Kansas youth most in need of effective mental health care. Most youth who need PRTF are actively/chronically suicidal, self-harming, or display physically aggressive or assaultive behaviors. As access to PRTF treatment has declined, rates of recidivism for acute and PRTF have increased.

The bottom line: Lack of access to PRTF increases not only mental health costs for youth and their families, but also financial costs to the State. Children have entered foster care due to lack of PRTF and other effective community services, where the daily cost of placement in highly structured residential settings or emergency foster home settings is extremely high and a much bigger portion paid by SGF. Children on PRTF waitlists or who were discharged without adequate planning time are repeatedly taken to emergency rooms and admitted for brief acute hospitalizations.

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The rest of the story about PRTF access in Kansas:

Stakeholders Recommendations: The Psychiatric Residential Treatment Facilities (PRFT) work group of the Children Continuum of Care Task Force recommends 1) increasing bed capacity throughout the state, 2) restoring authorization periods to a minimum of 60 days to coincide with the individual Plan of Care, 3) using CMHC clinicians as part of the assessment, utilization review, treatment and discharge planning process, 4) promoting home based family therapy and transition therapy from PRTFs to home and school.

PRTFs as a part of the continuum of care: The mental health system for Kansas children experiencing severe behavioral health challenges involves many agencies: KDHE as the agency responsible for implementation of KanCare; the three Medicaid private managed care organizations (MCOs); KDADS as the agency overseeing behavioral health care services; local Community Mental Health Centers (CMHCs) or other private mental health providers; private acute hospitals; and private PRTFs.

Creation and purpose of PRTF: PRTFs were established by July 1 of 2007 after an effort to bring Kansas youth residential providers in compliance with the Center for Medicaid/Medicare Services (CMS) regulations relating to residential care for children. PRTF programs were designed to offer a short term, intense, focused mental health treatment to promote a successful return of the youth to the community. The PRTF works actively with the family, other agencies, and the community to offer strengths-based, culturally competent, and medically appropriate treatment designed to meet the individual needs of the youth. The purpose of such comprehensive services is to improve the child's condition or prevent further regression so that the services will no longer be needed. PRTFs were designed for treatment, not merely crisis stabilization (which is designed to be provided in acute hospital settings). As length of stay time frames have been cut, treatment outcomes have diminished including the ability to develop peer and family support in the treatment setting.

Admission process: For children on Medicaid, the three Kansas MCOs currently gather information and recommendations from caregivers and community health providers about the needs of each child, and are the sole decision-maker about PRTF admission and discharge within the MCO interpretation of "medical necessity." Each MCO has their own process for: determining medical necessity, appeals of determinations, process, length of stay authorizations and re-authorizations, and discharge planning. The only data routinely collected by KDHE about PRTF admissions are cost and length of stay.

Kansas PRTF capacity: There are currently eight PRTF facilities in Kansas, with a total bed capacity of 282. In 2011 there were seventeen PRTF facilities, with a total bed capacity of 780. PRTFs take clinical needs into account and prioritize admission differently based on the child's needs and demographics. There are fewer numbers of beds for females and pre-adolescents. Some PRTFs do not accept children due to the severity of their behavior problems. Girls, younger children, and the most severely-in-need children may wait the longest for treatment.

PRTF financing: PRTF payments are Medicaid reimbursable (Approximately 56% paid by Medicaid, 44% paid by State General Fund (SGF)). PRTF costs are based upon actual, allowable costs provided by the PRTFs to KDADS as established by the CMS approved cost reimbursement methodology. Rates are updated annually or biannually depending on the nature of the cost. Under the current system, PRTFs are unable to be reimbursed for capital expenses for one year (six months for staff costs) before being reimbursed for expansion of facilities that must meet rigorous safety standards. Many are financially unable to do so, and others are reluctant because of the lack of a long-term commitment from the state to the PRTF model. For providers to consider expanding bed capacity, Kansas must invest in upfront capital expenses.